

## ALABAMA DEPARTMENT OF CORRECTIONS

## PROBLEM LIST

INMATE NAME Palmer, Nelson AIS# 173247Medication Allergies: NKDAMedical: Chronic (Long-Term) Problems  
Roman Numerals for Medical/SurgicalMental Health Code: SMI HARM HIST NONE  
Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
6/24/05	PPD Ømm			RL
6/28/05	Lipoma, Base of neck			AG
7/15/05	Rtn - Bulb de level 4	SMI		PPD
2/15/06	.	MH3		JFA

\*\*If Asthmatic label: Mild – Moderate – or Severe.

**ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
TREATMENT PLAN REVIEW**

Application and Review Frequency: Monthly

Admission Date: 07.14.05

Crisis Cell: \_\_\_ MH Observation, \_\_\_ Suicide Watch (each working day)

Outpatient: \_\_\_ (6 months)

RTU: \_\_\_X\_\_\_ (weekly, bimonthly, monthly)

SU: \_\_\_ (weekly)

**Problem# 1 auditory hallucinations, paranoid ideation, depressed mood**

Initiation Date: Resolution Target Date: ongoing Status: Resolved No Change X Modified

Outcome/modifications: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to continue monitoring and evaluating medication compliance, AT contact daily, TC to see 2x a month for counseling. Pt. noted to be 100% compliant with his medication, however is very resistant to group therapy. Will encourage on need for same in order to gain insight into his mental illness. Recommend schizophrenia group.

Responsible Staff: Psych, TC, AT, MH nurse

Frequency: 2 wks

**Problem# 2**

Initiation Date: Resolution Target Date: Status Resolved No Change Modified

Outcome/modifications:

Responsible Staff:

Frequency:

Problem#	Initiation Date:	Resolution Target Date:	Status: Resolved	No Change	Modified
Outcome/modifications:					

Responsible Staff:

Frequency:

Problem#	Initiation Date:	Resolution Target Date:	Status: Resolved	No Change	Modified
Outcome/modifications:					

Responsible Staff:

Frequency:

Treatment Coordinator: Ms. Mburn, M.S, MHP Date: 03/31/06

Inmate Name: Palmer, Nelson	Location/Level RTU/3	AIS# 173247
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Disposition: Medical File

Reference: AR ADOC: 622, 623, 630, 632, 633, 635, 638  
ADOC Form MH-034 - June 28, 2004  
Page \_\_\_ of \_\_\_

**ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
TREATMENT PLAN REVIEW**

Application and Review Frequency: Monthly

Admission Date: 07.14.05

Crisis Cell: \_\_\_ MH Observation, \_\_\_ Suicide Watch (each working day)

Outpatient: \_\_\_ (6 months)

RTU: X (weekly, bimonthly, monthly)

SU: \_\_\_ (weekly)

**Problem# 1 S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood****Initiation Date:** Resolution Target Date: 4 wks**Status:** Resolved No Change Modified X**Outcome/modifications:** Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to monitor med compliance, AT contact daily, TC to see 2x a month for counseling and continue to encourage on need for MH groups**Responsible Staff:** Psych, TC, AT, MH nurse**Frequency:** 2 wks**Problem# 2****Initiation Date:** Resolution Target Date: Status Resolved No Change Modified**Outcome/modifications:****Responsible Staff:****Frequency:**

Problem#	Initiation Date:	Resolution Target Date:	Status:	Resolved	No Change	Modified
Outcome/modifications:						

**Responsible Staff:****Frequency:**

Problem#	Initiation Date:	Resolution Target Date:	Status:	Resolved	No Change	Modified
Outcome/modifications:						

**Responsible Staff:****Frequency:**

<b>Treatment Coordinator:</b> <u>Ms. Mburn, M.S., MHP</u>	<b>Date:</b> <u>02/27/06</u>
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Inmate Name: Palmer, Nelson	Location/Level RTU/3	AIS# 173247
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Disposition: Medical File

Reference: AR ADOC: 622, 623, 630, 632, 633, 635, 638

ADOC Form MH-034 - June 28, 2004

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**ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
TREATMENT PLAN REVIEW**

Application and Review Frequency: Monthly

Crisis Cell: \_\_\_ MH Observation, \_\_\_ Suicide Watch (each working day)  
RTU:   X   (weekly, bimonthly, monthly)

Admission Date: 07.14.05

Outpatient: \_\_\_ (6 months)

SU: \_\_\_ (weekly)

**Problem# 1 S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood**

Initiation Date: Resolution Target Date: 4 wks

Status: Resolved No Change Modified X

Outcome/modifications: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to monitor med compliance, AT contact daily, TC to see 2x a month for counseling and continue to encourage on need for MH groups

Responsible Staff: Psych, TC, AT, MH nurse

Frequency: 2 wks

**Problem# 2 Polysubstance Abuse**

Initiation Date: Resolution Target Date: Ongoing

Status Resolved No Change X Modified

Outcome/modifications: Inmate will attend and complete substance abuse program, become and remain drug free and learn how substance abuse negatively impacts his life and mental illness

Responsible Staff: ADOC, TC

Frequency: 2 wks

Problem#	Initiation Date:	Resolution Target Date:	Status:	Resolved	No Change	Modified
Outcome/modifications:						

Responsible Staff:

Frequency:

Problem#	Initiation Date:	Resolution Target Date:	Status:	Resolved	No Change	Modified
Outcome/modifications:						

Responsible Staff:

Frequency:

Treatment Coordinator: Ms. Mbeum, M.S., MHP Date: 01/27/06

Inmate Name: Palmer, Nelson	Location/Level RTU/3	AIS# 173247
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Disposition: Medical File

Reference: AR ADOC: 622, 623, 630, 632, 633, 635, 638

ADOC Form MH-034 - June 28, 2004

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**ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)**

Treatment Plan Reviewed On: 12/27/05

Treatment Plan Initiated On:

Institution: Bullock Co. Correctional Facility  
Level Currently Assigned: 4

Admitted to Unit: 07.14.05

**CURRENT STATUS:****Problem #1** S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood

Target Date for Resolution: 4 wks

Status: Resolved ☐ No Change ☐ Modified ☒

Outcome/Modification: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to monitor med compliance, AT contact daily, TC 2x a month for counseling, encourage to enroll in schizophrenia group

**Problem #2** Polysubstance Abuse

Target Date for Resolution: Inmate will attend and complete substance abuse program, become and remain drug free and learn how substance abuse negatively impacts his life and mental illness

Status: Resolved ☐ No Change ☒ Modified ☐

Outcome/Modification:

**Problem #3**

Target Date for Resolution:

Status: Resolved ☐ No Change ☐ Modified ☐

Outcome/Modification:

Comments:

Level Change? Yes ☐ No ☒Second Page attached: Yes ☐ No ☐Psychiatrist: [Signature] Psychologist: R. BrownMental Health Nurse: S. Anderson LPN Activities Tech: R. ParleyTreatment Coordinator: Ms. M. M. M. Correctional Officer Present: Yes ☐ No ☒Inmate Agreement: Nelson Palmer Date: 12-27-05Next Treatment Plan Review by: 1/27/06 (Level 1: weekly, Level 2: bi-weekly, Level 3 & 4: monthly)

Inmate Name: Palmer, Nelson

AIS #: 173247

**ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)**

Treatment Plan Reviewed On: 11.23.05

Treatment Plan Initiated On:

Institution: Bullock Co. Correctional Facility  
Level Currently Assigned: 4

Admitted to Unit: 07.14.05

## CURRENT STATUS:

**Problem #1** S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood

Target Date for Resolution: 4 wks

Status: Resolved ☐ No Change ☐ Modified ☒

Outcome/Modification: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to monitor med compliance, AT contact daily, TC 2x a month for counseling, encourage to enroll in schizophrenia group

**Problem #2** Polysubstance Abuse

Target Date for Resolution: Inmate will attend and complete substance abuse program, become and remain drug free and learn how substance abuse negatively impacts his life and mental illness

Status: Resolved ☐ No Change ☒ Modified ☐

Outcome/Modification:

**Problem #3**

Target Date for Resolution:

Status: Resolved ☐ No Change ☐ Modified ☐

Outcome/Modification:

## Comments:

Level Change? Yes ☐ No ☒Second Page attached: Yes ☐ No ☒Psychiatrist: [Signature] Psychologist: R. [Signature]Mental Health Nurse: [Signature] Activities Tech: L. [Signature]Treatment Coordinator: [Signature] Correctional Officer Present: Yes ☐ No ☒Inmate Agreement: Nelson Palmer Date: 11-23-05Next Treatment Plan Review by: 12.23.05 (Level 1: weekly, Level 2: bi-weekly, Level 3 & 4 monthly)

Inmate Name: Palmer, Nelson

AIS #: 173247

**ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)**

Treatment Plan Reviewed On: 10.20.05

Treatment Plan Initiated On:

Institution: Bullock Co. Correctional Facility  
Level Currently Assigned: 4

Admitted to Unit: 07.14.05

**CURRENT STATUS:****Problem #1** S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood

Target Date for Resolution: 4 wks

Status: Resolved ☐ No Change ☐ Modified ☒

Outcome/Modification: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to monitor med compliance, AT contact daily, TC 2x a month for counseling, encourage to enroll in schizophrenia group

**Problem #2** Polysubstance Abuse

Target Date for Resolution: Inmate will attend and complete substance abuse program, become and remain drug free and learn how substance abuse negatively impacts his life and mental illness

Status: Resolved ☐ No Change ☒ Modified ☐

Outcome/Modification:

**Problem #3**

Target Date for Resolution:

Status: Resolved ☐ No Change ☐ Modified ☐

Outcome/Modification:

Comments:

Level Change? Yes ☐ No ☒Second Page attached: Yes ☐ No ☐Psychiatrist: [Signature] Psychologist: [Signature]Mental Health Nurse: [Signature] Activities Tech: [Signature]Treatment Coordinator: Ms. Mburu Correctional Officer Present: Yes ☐ No ☒Inmate Agreement: Nelson Palmer Date: 10-20-05Next Treatment Plan Review by: 11.20.05 (Level 1: weekly; Level 2: bi-weekly; Level 3 & 4: monthly)

Inmate Name: Palmer, Nelson

AIS #: 173247



**ALABAMA DEPARTMENT OF CORRECTIONS**  
**MENTAL HEALTH SERVICES**  
**TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)**

Treatment Plan Reviewed On: 09.13.05

Treatment Plan Initiated On:

Institution: Bullock Co. Correctional Facility  
 Level Currently Assigned: 4

Admitted to Unit: 07.14.05

## CURRENT STATUS:

**Problem #1** S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood

Target Date for Resolution: 4 wks

Status: Resolved ☐ No Change ☐ Modified ☒

Outcome/Modification: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to monitor med compliance, AT contact daily, TC 2x a month for counseling, encourage to enroll in schizophrenia group

**Problem #2** Polysubstance Abuse

Target Date for Resolution: Inmate will attend and complete substance abuse program, become and remain drug free and learn how substance abuse negatively impacts his life and mental illness

Status: Resolved ☐ No Change ☒ Modified ☐

Outcome/Modification:

**Problem #3**

Target Date for Resolution:

Status: Resolved ☐ No Change ☐ Modified ☐

Outcome/Modification:

Comments:

Level Change? Yes No

Second Page attached: Yes ☐ No ☐Psychiatrist: [Signature] Psychologist: [Signature]Mental Health Nurse: J. Anderson LPN Activities Tech: [Signature]Treatment Coordinator: Ms. M. M. M. Correctional Officer Present: Yes ☐ No ☐Inmate Agreement: Nelson Palmer Date: 9-13 05

Next Treatment Plan Review by: \_\_\_\_\_ (Level 1: weekly, Level 2: bi-weekly, Level 3 &amp; 4: monthly)

Inmate Name: Palmer, Nelson

AIS #: 173247



Albany Department of Corrections Mental Health Services  
Treatment Plan: Residential Treatment Unit

Treatment Plan Initiated on:  
 Institution: Bullock County Correctional Facility

Treatment Coordinator: Ms. Mburu  
 Admitted to RTU:

Level Currently Assigned:

**DSM IV Diagnosis:**

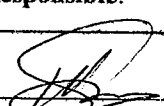
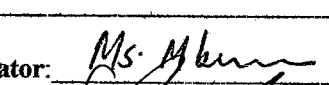


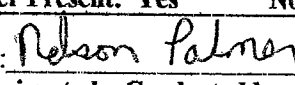
Axis I: Schizophrenia d/o; Polysubstance Abuse

Axis II: Deferred

Axis III: Facial Eczema

Axis IV: Incarceration

Axis V: 70

<b>Problem # 1</b> S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood	
Goal: Minimize or decrease s/s's of schizophrenia	
Target Date for Resolution: 4 wks	
Intervention(s): Psych Dr to prescribe medication, nurses to monitor medication compliance, TC to see 2x a month for counseling, enroll in schizophrenia group, AT contact daily	
Staff Member(s) Responsible: Psych, TC, MH nurses, AT	Frequency: 2 wks
<b>Problem # 2</b> Polysubstance Abuse	
Goal: Improve quality of life by maintaining an ongoing abstinence from all mood-altering chemicals	
Target Date for Resolution: 4 wks	
Intervention(s): Recommend SAP	
Staff Member(s) Responsible: ADOC, TC	Frequency: 2 wks
<b>Problem #3</b>	
Goal:	
Target Date for Resolution:	
Intervention(s):	
Staff Member(s) Responsible:	Frequency:
Psychiatrist: 	Treatment Coordinator: 
Mental Health Nurse: 	Activities Tech: 
Correctional Officer Present: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inmate Agreement: 	Date: 8/10/05
Treatment Plan Review to be Conducted by: (Level 1: weekly; Level 2: bi-weekly; Level 3&4: monthly)	
Inmate Name: Palmer, Nelson	AIS# 173247

Alabama Department of Public Health  
TB Division  
RSA Tower/201 Monroe Street  
Montgomery, ALabama 36130-3017

# TB

## Skin Test Report

County Code	Target Testing	PROJECT	CHR#
Last Name			
First Name			
Patient Home Address			
City			
State	Zip Code	Home Phone	
SSN:		Test Administered By:	
Date of Birth:		Site Test:	
Race:		TB Staff	
W B AI A AN H/PI O		PH Nurse	
ETHNICITY:		Other	
Hispanic or Latino: YES NO			
Reason Tested:		Contact to Case/Suspect:	
Health Care Worker		YES NO	
Medical Risk			
Shelter			
Student			
Occupational			
Foreign Born		Risk Categories:	
Homeless		A	
Jail/Prison		B	
Not at Risk		C	
PPD ONE:		PPD TWO:	
Provider#:		Provider#:	
Lot#:		Lot#:	
Date of Test		Date of Test	
Antigen		Antigen	
AP TU		AP TU	
Provider#:		Provider#:	
Date Read		Date Read	
Result		Result	
mm Not Read		mm Not Read	

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002

Alabama Department of Public Health  
TB Division  
RSA Tower/201 Monroe Street  
Montgomery, AL 36130-3017

# TB

## Skin Test Report

County Code	Target Testing	PROJECT	CHR# <u>B/17 3247A</u>
Last Name			
<u>PALMER</u>			
First Name			
<u>NELSON</u>			
Patient Home Address			
City			
State	Zip Code	Home Phone	
SSN: <u>          </u> - <u>          </u> - <u>          </u>		Test Administered By:	
Date of Birth: <u>    </u> / <u>    </u> / <u>    </u>		Site Test:	
SEX: <input type="radio"/> M <input type="radio"/> F		<input type="radio"/> TB Staff <input type="radio"/> Health Department	
Race: W B AI A AN H/PI O		<input type="radio"/> PH Nurse <input type="radio"/> Other	
ETHNICITY: Hispanic or Latino: <input type="radio"/> YES <input type="radio"/> NO		<input type="radio"/> Other	
Reason Tested:		Contact to Case/Suspect:	Risk Categories:
<input type="radio"/> Health Care Worker <input type="radio"/> Medical Risk <input type="radio"/> Shelter <input type="radio"/> Student <input type="radio"/> Occupational		<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
PPD ONE: <u>① forearm</u> Provider#: <u>          </u> Lot#: <u>00774P</u> Date of Test: <u>09-02-2005</u> Antigen: <input checked="" type="radio"/> AP <input type="radio"/> TU		PPD TWO: Provider#: <u>          </u> Lot#: <u>          </u> Date of Test: <u>    </u> - <u>    </u> - <u>    </u> Antigen: <input type="radio"/> AP <input type="radio"/> TU	
Provider#: <u>          </u> Date Read: <u>    </u> - <u>    </u> - <u>    </u> Result: <u>    </u> mm <input type="radio"/> Not Read		Provider#: <u>          </u> Date Read: <u>    </u> - <u>    </u> - <u>    </u> Result: <u>    </u> mm <input type="radio"/> Not Read	

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002



## INTAKE HEALTH EVALUATION

NAME: Palmer, Nelson  
 AIS #: 173247  
 D.O.B.: [REDACTED]

Age 37 Sex M Race B Height 5'11" Weight 210

Temp: 98.8 B/P: 140/74 Pulse: 86 Resp: 16

\*\* B/P - If greater than 140/90, repeat in 1 hour. Refer to Mid-Level if B/P remains up.

Do you now or have you ever had, or been treated for:

Problem	Y	N	Problem	Y	N	Problem	Y	N
Head Trauma	<input checked="" type="checkbox"/>		Gastritis		<input checked="" type="checkbox"/>	HIV/AIDS ***		<input checked="" type="checkbox"/>
Loss of Consciousness	<input checked="" type="checkbox"/>		Ulcers		<input checked="" type="checkbox"/>	***Medications Verified		
Severe Headaches		<input checked="" type="checkbox"/>	Bleeding		<input checked="" type="checkbox"/>	Hepatitis - Type		<input checked="" type="checkbox"/>
Vertigo/Dizziness		<input checked="" type="checkbox"/>	Gall Bladder/Pancreas		<input checked="" type="checkbox"/>	Gonorrhea		<input checked="" type="checkbox"/>
Vision Problems		<input checked="" type="checkbox"/>	Liver Problems		<input checked="" type="checkbox"/>	Syphilis		<input checked="" type="checkbox"/>
Hearing Problems		<input checked="" type="checkbox"/>	Arthritis		<input checked="" type="checkbox"/>	Lice, Crabs, Scabies		<input checked="" type="checkbox"/>
Seizures		<input checked="" type="checkbox"/>	Joint Muscle Problem		<input checked="" type="checkbox"/>			
Strokes		<input checked="" type="checkbox"/>	Back/Neck Problem		<input checked="" type="checkbox"/>	LMP		
Nervous Disorders		<input checked="" type="checkbox"/>	Kidney Stones/Dz		<input checked="" type="checkbox"/>	Date		
DT's		<input checked="" type="checkbox"/>	Bladder/Kidney Infection		<input checked="" type="checkbox"/>	Duration		
Heart Condition		<input checked="" type="checkbox"/>	Alcoholism		<input checked="" type="checkbox"/>	Normal		
Angina/Heart Attack		<input checked="" type="checkbox"/>	Crack Drug Abuse <u>2 wknd</u>	<input checked="" type="checkbox"/>		Regularity		
High Blood Pressure		<input checked="" type="checkbox"/>	Psychiatric History	<input checked="" type="checkbox"/>		Gravida/Para		
Anemia/Blood Disorder		<input checked="" type="checkbox"/>	Suicidal Thoughts**		<input checked="" type="checkbox"/>	AB/Miscarriage		
Sickle Cell or Trait		<input checked="" type="checkbox"/>	**Immediate M.H. Referral			Contraception		
Lung Condition		<input checked="" type="checkbox"/>	T.B.			Type:		
Asthma * <u>hx</u>	<input checked="" type="checkbox"/>		PPD - date given. <u>6-22-05</u>					
*Peak Flow Reading			RA/LFA			Lab Tests - Dates	N	Ab
Bronchitis		<input checked="" type="checkbox"/>	Date read: <u>6-24-05</u>			Diagnostic Profile II		
Emphysema		<input checked="" type="checkbox"/>	Results: <u>0</u> mm			RPR		
Pneumonia		<input checked="" type="checkbox"/>	Visual Acuity			Urine Dip Stick		
Diabetes		<input checked="" type="checkbox"/>	OD OS					
Hay Fever/Allergies		<input checked="" type="checkbox"/>	OU <u>20/20</u>			EKG (@ age 35)		

Immunization History: Id 2001 - Stated current status

Immunizations Needed: 0

\*\*\*HIV Medications: 0

Acute or Chronic Problem Noted: (Y) (N)

Refer to Mid-Level or M.D. if yes.

N. Palmer  
 RN or Mid-Level, Signature

6/22/05 @ 08:54  
 Date/Time

I have read the *access to health care* information sheets and have been given a copy. I understand how to access health care.

Name Nelson Palmer Date 6-22-05

AIS# 173247

Medical Staff N. Palmer Date 6/22/05



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## INTAKE SCREENING

Date: 6/21/05 AIS#: 178241Last Name: Palmer First: Nelson Middle: [REDACTED]  
Birthplace: [REDACTED] DOB: [REDACTED] SS#: [REDACTED]FEMALES: Pregnancy test: (circle one) Positive Negative B/P 140/70 Temp 98.6 Pulse 80 Resp. 20 Weight 210  
FSBS 84 If level > 200, repeat within 48 hours. Above 300 call M.D.

Previous Hospitalizations/Surgeries/Major Illness/Current Illness: What? Where?

Brain Surgery 1999 → MVA HX Eczema Since Age 12

Previous Incarcerations (Date &amp; Facility)

Bullock 2004Medications: ☐ None Seroquel QHS x 2-3 wks Special Diet (Prescribed) [REDACTED]  
Allergies: Penicillin Past Positive TB Skin Test (circle one) YES - (Complete TB Screening Form) NO

ANY INMATE WHO IS UNCONSCIOUS, SEMICONSCIOUS, ACTIVELY BLEEDING, IN ACUTE PAIN AND URGENTLY IN NEED OF MEDICAL ATTENTION SHOULD IMMEDIATELY BE REFERRED FOR EMERGENCY CARE.

## CLINICAL OBSERVATIONS

1) Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented; time, place, person Describe: <u>[REDACTED]</u> <input type="checkbox"/> Lethargic <input type="checkbox"/> Stuporous <input type="checkbox"/> Comatose	3) Substance Abuse: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> Current intoxication/Abuse <input type="checkbox"/> Use <input type="checkbox"/> Withdrawal Symptoms Describe- What kind? Amount/Frequency? <u>Cocaine</u> • If confirmed Benzo use, then call M.D. If can not be confirmed, call M.D. Last Use: (Time/Date): <u>2002</u>
2) General Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	4b) Affect/Mood: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Manic <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoria <input type="checkbox"/> Flat <input type="checkbox"/> Emotionally Confused Describe: <u>[REDACTED]</u>
3) Signs of Trauma <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4c) Perceptions: <input type="checkbox"/> Delusional <input type="checkbox"/> Hallucinations <input checked="" type="checkbox"/> Hearing Voices <u>Schizophrenia</u> <u>Took over dose of pills</u>
4a) Behavior/Conduct: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Non-Violent <input type="checkbox"/> Agitated <input type="checkbox"/> Uncooperative <input type="checkbox"/> Violent Describe: <u>[REDACTED]</u> <input type="checkbox"/> Manipulative <input type="checkbox"/> Disorganized	5a) Is there h/o actual suicide attempt? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5c) Is there evidence <u>[REDACTED]</u>
5b) Does pt describe current suicidal thoughts or ideations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5d) High risk pt may become assaultive towards staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Triggers for Suicide Watch - Currently Suicidal - History of actual attempt - Fails to maintain control on Close Watch Y or N
If ANY of the above in #5 are circled, staff MUST describe here, include previous history and dates:  *Any abnormal observations #4 or 5 require immediate Mental Health Referral.	Triggers for Close Watch - Emotionally distraught and unable to regain composure by end of intake process - Actively hallucinating or not making any sense Y or N

6a) Communication Difficulties <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b) Memory Defects <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6c) Hearing Impairment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6d) Speech Difficulties <u>upper on person</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7) Physical Aids: <input type="checkbox"/> None <input checked="" type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Hearing Aid <input checked="" type="checkbox"/> Dentures <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Braces <input type="checkbox"/> Artificial Limb <input type="checkbox"/> Other <u>NOT on person</u>	

8) Additional comments, complaints, symptoms: <u>None</u>	
S) <u>[REDACTED]</u>	
O) Fever Y <u>N</u> Swollen Glands Y <u>N</u> Signs of Infection Y <u>N</u> Skin Intact <u>Y</u> N	
A) <u>[REDACTED]</u>	
P) <u>[REDACTED]</u>	

Hx Eczema Since age 12

If known Diabetic \* Call M.D. for order \_\_\_\_\_ Initial Insulin given: \_\_\_\_\_

I have answered all questions truthfully. I have been told and shown how to obtain medical services. I hereby give my consent for health services to be provided to me by and through PRISON HEALTH SERVICES.

Nelson Palmer 6/21/05  
Inmate's Signature/DateR. Frank RN 6/21/05  
Health Provider Signature/Date

Alabama Department of Public Health  
TB Division  
RSA Tower/201 Monroe Street  
Montgomery, ALabama 36130-3017

# TB

## Skin Test Report

County Code <u>12</u>	Target Testing <u>Y</u>	PROJECT <u>0407</u>	CHR# <u>173247</u>
Last Name <u>PALMER</u>			
First Name <u>NEILSON</u> MI			
Patient Home Address <u>BULLOCK</u>			
City <u>UNION SPRINGS</u>			
State <u>AL</u>	Zip Code <u>36088</u>	Home Phone <u>205-371-1111</u>	
SSN: <u>          </u> - <u>          </u> - <u>          </u>	SEX: <input checked="" type="radio"/> M <input type="radio"/> F	Test Administered By: <input checked="" type="radio"/> TB Staff <input type="radio"/> PH Nurse <input type="radio"/> Other	Site Test: <input type="radio"/> Health Department <input checked="" type="radio"/> Other
Date of Birth: <u>          </u> - <u>          </u> - <u>          </u>	Race: W <input checked="" type="radio"/> B <input type="radio"/> AI <input type="radio"/> A <input type="radio"/> AN <input type="radio"/> H/PI <input type="radio"/> O	ETHNICITY: Hispanic or Latino: <input type="radio"/> YES <input checked="" type="radio"/> NO	
Reason Tested: <input type="radio"/> Health Care Worker <input type="radio"/> Medical Risk <input checked="" type="radio"/> Shelter <input type="radio"/> Student <input type="radio"/> Occupational	<input type="radio"/> Foreign Born <input type="radio"/> Homeless <input checked="" type="radio"/> Jail/Prison <input type="radio"/> Not at Risk	Contact to Case/Suspect: <input type="radio"/> YES <input checked="" type="radio"/> NO	Risk Categories: <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C
PPD ONE: Provider#: <u>          </u> Lot#: <u>          </u> Date of Test <u>05-11-2004</u> Antigen <input type="radio"/> AP <input checked="" type="radio"/> TU		PPD TWO: Provider#: <u>          </u> Lot#: <u>          </u> Date of Test <u>07-27-2004</u> Antigen <input type="radio"/> AP <input checked="" type="radio"/> TU	
Provider#: <u>          </u> Date Read <u>05-14-2004</u> Result <u>00</u> mm <input checked="" type="radio"/> Not Read		Provider#: <u>          </u> Date Read <u>07-30-2004</u> Result <u>00</u> mm <input checked="" type="radio"/> Not Read	

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002



ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
**PSYCHIATRIC PROGRESS NOTES**

DATE: 4/15/06 TIME: 1100

Target Symptoms Behavioral Rating Scale 0=No problem 5= worst

Today vs Before

Medications: COGMO 200mg PRN 25-30mg PRN 100mg 3-4mg 50 mg

Compliance: Inmate report 25% MAR %

In addition to the information in the tables above and below, then inmate-patient:

S "Indecent exposure"

Side effects: - 0 -

0 Current regimen adequate to control psychotic symptoms

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis			
Serious Depression			
Self-Injurious Thoughts			
Suicidal intent			
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info: Labs Ordered: Labs Reviewed: AIMS:?

**ASSESSMENT/Diagnosis (DSM-IV)**

Schizophrenia

**PLAN:**

Continue present regimen

Return to clinic: Print Last Name: Sign:

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>PALMER, NELSON</u>	<u>173247</u>	<u>37</u>	<u>Bm</u>	<u>MH3</u>	<u>BCG</u>

Disposition: Medical File

J SCOTT ANDREWS M.D.

ADOC AR 632, 633, 623, 615  
ADOC Form MH-025 March 2, 2005

ALABAMA DEPARTMENT OF CORRECTION  
MENTAL HEALTH SERVICES  
**PSYCHIATRIC PROGRESS NOTES**

DATE: <u>2/7/06</u>	TIME:	Today vs Before
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst	
	<u>AH</u>	<u>0/0</u>
	<u>paranoid</u>	<u>0/0</u>
	<u>suicidal ideat</u>	<u>0/0</u>
Medications: <u>Agate 2 mg, Pro Dec 25, 3uh, Perben 10 mg</u>		Informed Consent
Compliance: Inmate report <u>100</u> % vs MAR <u>100</u> % <u>Perben 10 mg BID</u>		<u>yes</u>

In addition to the information in the tables above and below, then inmate-patient:

S "clin line" - d- 814 Harky - d- 814 Harky  
or parano

Side effects:

0 Ad 23 - Live 1/2 - mood stable - flight power  
clear - Perben psych 4/15 - 4/8/05 maps - 1/2/05  
not well - stable at prison

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis			
Serious Depression			
Self-Injurious Thoughts			
Suicidal intent			
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info: Labs Ordered: Labs Reviewed: AIMS:?

**ASSESSMENT/Diagnosis (DSM-IV)**

Schizophrenia

**PLAN:**

1/2 power 1/2  
Dr 5/15 to see next

Return to clinic: 30 Print Last Name: White Sign: [Signature]

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>Robert Nelson</u>	<u>153207</u>	<u>37</u>	<u>1</u>	<u>20</u>	<u>Perben</u>

Disposition: Medical File

ADOC AR 632, 633, 623, 615  
ADOC Form MH-025 March 2, 2005

Robert G. Whatley, CRNP

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
**PSYCHIATRIC PROGRESS NOTES**

DATE: 1/3/06 TIME: \_\_\_\_\_

Target Symptoms Behavioral Rating Scale 0=No problem 5= worst Today vs Before

AW	0/5
paran-	0/5
shock abt	0/5

Medications: Cozart 300 HS, P.O. 25mg T3eds

Compliance: Inmate report 100 % vs MAR % PROV-10115 benadryl yes

In addition to the information in the tables above and below, then inmate-patient:

S "I'm doing good" - did sth thinking - did AU  
had no more pain

Side effects: Ø

0 ADD X3 - dual Mfr - more stable - cal  
+ croquet - tobacco - nice well - stable  
at prison

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis			
Serious Depression			
Self-Injurious Thoughts			
Suicidal intent			
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info: Labs Ordered: \_\_\_\_\_ Labs Reviewed: \_\_\_\_\_ AIMS: yes

ASSESSMENT/Diagnosis (DSM-IV)

schizophrenia

PLAN: cont prison H

Return to clinic: 30 dp Print Last Name: WHLTH Sign: GU LP

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>Palmer, Wilson</u>	<u>173247</u>	<u>37</u>	<u>Am</u>	<u>802</u>	<u>Prison</u>

Disposition: Medical File

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
**PSYCHIATRIC PROGRESS NOTES**

DATE: <u>12/15/05</u>	TIME: <u>0900</u>	
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst	Today vs Before
<u>AT #</u> <u>✓ #</u>		<u>8</u>
Medications: <u>PRO DOZ 25g tabs, PROXIA 10 mg, BIPROXYL 50 mg</u>		Informed Consent
Compliance: Inmate report <u>100%</u> vs MAR <u>100%</u>		<u>yes</u>

In addition to the information in the tables above and below, then inmate-patient:

S I was hearing voices, but I don't hear them anymore

Side effects:

0 Dull, calm, only answers direct questions  
not oriented to time

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	✓		
Serious Depression			
Self-Injurious Thoughts			
Suicidal intent			✓
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info:	Labs Ordered:	Labs Reviewed:	AIMS:?
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<u>ASSESSMENT/Diagnosis (DSM-IV)</u>	<u>Schizophrenia - Jackson Hospital</u>
<u>PLAN:</u>	<u>Continue present medications</u>
J. SCOTT ANDREWS M.D.	

Return to clinic: 2 mo Print Last Name: \_\_\_\_\_ Sign: MA An

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>P. J. McGee, w. b. t. a. v.</u>	<u>173247</u>	<u>37</u>	<u>B</u>	<u>SMI</u>	<u>BCCF</u>

Disposition: Medical File

MHM Correctional Services

Dr. Bill Sanders

ADOC AR 632, 633, 623, 615

ADOC Form MH-025 March 2, 2005

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
**PSYCHIATRIC PROGRESS NOTES**

DATE: <u>10/5/05</u>	TIME:	
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst	Today vs Before
	<u>AB</u>	<u>0/0</u>
	<u>paranoid</u>	<u>0/0</u>
	<u>suicidal ideation</u>	<u>0/0</u>
Medications: <u>Pro Dec, Prolinepa, Benadryl, Lexapro</u>		Informed Consent
Compliance: Inmate report <u>100</u> % vs MAR <u>0</u> %		<u>yes</u>

In addition to the information in the tables above and below, then inmate-patient:

S "The shouting stopped" - due to the therapy -  
depression or paranoia  
 Side effects: 0  
0 Ator 3 - full dose - mood stable - no  
 changes - Periodic psychosis - 1080s 1080s 1080s -  
 tolerating well - Stable at present

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis			
Serious Depression			THE POTENTIAL BENEFITS AND SIDE EFFECTS OF <u>Pro Dec</u> WITHIN THE DOSAGE RANGE OF <u>12-5-75mg</u> HAVE BEEN DISCUSSED WITH THE INMATE AND THE INMATE HAVE AGREED TO ACCEPT THE MEDICATION.
Self-Injurious Thoughts			THE POTENTIAL BENEFITS AND SIDE EFFECTS OF <u>Lexapro</u> WITHIN THE DOSAGE RANGE OF <u>0.5-6mg</u> HAVE BEEN DISCUSSED WITH THE INMATE AND THE INMATE HAVE AGREED TO ACCEPT THE MEDICATION.
Suicidal intent			
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info:	Labs Ordered:	Labs Reviewed:	AIMS:?
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ASSESSMENT/Diagnosis (DSM-IV)	THE POTENTIAL BENEFITS AND SIDE EFFECTS OF <u>Pro Dec</u> WITHIN THE DOSAGE RANGE OF <u>12-5-75mg</u> HAVE BEEN DISCUSSED WITH THE INMATE AND THE INMATE HAVE AGREED TO ACCEPT THE MEDICATION.
<u>schizophrenia</u>	
PLAN:	THE POTENTIAL BENEFITS AND SIDE EFFECTS OF <u>Pro Dec</u> WITHIN THE DOSAGE RANGE OF <u>12-5-75mg</u> HAVE BEEN DISCUSSED WITH THE INMATE AND THE INMATE HAVE AGREED TO ACCEPT THE MEDICATION.
<u>continue present tx</u>	

Return to clinic: 600p Print Last Name: Whitely Sign: Gulley

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>Nelson, Robert</u>	<u>173247</u>	<u>37</u>	<u>Bm</u>	<u>5m</u>	<u>Beef</u>

Disposition: Medical File

ADOC AR 632, 633, 623,615  
ADOC Form MH-025 March 2, 2005

Robert G. Whatley, CRNP



Jx Jan

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICESPSYCHIATRIC PROGRESS NOTES

DATE: 9/9/05	TIME:	
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst	Today vs Before
	AH	0/0
	paran	0/0
	Shredded white	0/0
Medications: Prn Dec., 1 Probipen p.o., 1 Benadryl		Informed Consent
Compliance: Inmate report 100 % vs MAR %		yes

In addition to the information in the tables above and below, then inmate-patient:

S "shredded white" - die SHX 4/10/05 -  
die 11/10/05 - 10/10/05

Side effects:

hypersalivation

0 med dose noted - 10/10/05 - 10/10/05 - cal  
+ ingested - 10/10/05 - 10/10/05

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis			
Serious Depression			
Self-Injurious Thoughts			
Suicidal intent			
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info:

Labs Ordered:

Labs Reviewed:

AIMS:?

ASSESSMENT/Diagnosis (DSM-IV)

Schizophrenia

PLAN:Cognitive therapy HS  
and other med

he agrees to attend MA group

Return to clinic:

1 week

Print Last Name:

Whitely

Sign:

[Signature]

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
Nelson, Palmer	173247	37	Bm	SMR	BUR

Disposition: Medical File

ADOC AR 632, 633, 623, 615  
ADOC Form MH-025 March 2, 2005

Robert G. Whatley, CRNP

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
**PSYCHIATRIC PROGRESS NOTES**

DATE: <u>9/6/05</u>	TIME:	
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst	Today vs Before
<u>Schizophrenia</u>		
Medications: <u>Pro Dec, Protri 10, Borel 50</u>		Informed Consent
Compliance: Inmate report <u>100</u> % vs MAR <u>100</u> %		<u>2</u>

In addition to the information in the tables above and below, then inmate-patient:

<u>S</u>	<u>2 dr</u>
Side effects:	<u>0</u>
<u>0</u> <u>pt. is cal, much, flat &amp; in appt.</u>	
<u>no paranoia</u> <u>no insight</u>	

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis		<u>?</u>	
Serious Depression			
Self-Injurious Thoughts			
Suicidal intent			<u>✓</u>
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info:	Labs Ordered:	Labs Reviewed:	AIMS:?
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<u>ASSESSMENT/Diagnosis (DSM-IV)</u>	<u>Sch</u>

Return to clinic: \_\_\_\_\_ Print Last Name: SANDERS Sign: [Signature]

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>NELSON, PALMCA</u>	<u>173247</u>	<u>37</u>	<u>B</u>	<u>SMD</u>	<u>BCC</u>

Disposition: Medical File

MHM Correctional Services

Dr. Bill Sanders

ADOC AR 632, 633, 623,615  
Form MH-025 March 2, 2005



ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
**PSYCHIATRIC PROGRESS NOTES**

DATE: <u>8/3/05</u>	TIME:	
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst	Today vs Before
<u>Sefyus</u>		0
Medications: <u>Pro Dec 25 &amp; 312, Risperidone 1000, Risperidone 800</u>		Informed Consent
Compliance: Inmate report <u>2</u> % vs MAR <u>2</u> %		<u>4</u>

In addition to the information in the tables above and below, then inmate-patient:

<u>S</u>	<u>In pt</u>
Side effects: <u>0</u>	
<u>0</u>	<u>PT is calm but very flat. no PT of affect &amp; no paranoia - lacks insight</u>

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	✓		
Serious Depression	✓		
Self-Injurious Thoughts	✓		
Suicidal intent	✓		✓
Aggressive	✓		
Seriously Impulsive	✓		
Situational Upset	✓		

Lab info:	Labs Ordered: _____	Labs Reviewed: _____	AIMS: ? _____
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<u>ASSESSMENT</u> /Diagnosis (DSM-IV)	<u>Sefyus</u>

Return to clinic: _____	Print Last Name: <u>STUBBS</u>	Sign: <u>[Signature]</u>
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Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>Nelson, Darnen</u>	<u>173247</u>	<u>37</u>	<u>B</u>	<u>SM8</u>	<u>BECK</u>

Disposition: Medical File

**MHM Correctional Services**  
**Dr. Bill Sanders**

ADOC AR 632, 633, 623,615  
March 2, 2005

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
**PSYCHIATRIC PROGRESS NOTES**

DATE: <u>7/18/05</u>	TIME:	
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst	Today vs Before
<u>Selyden</u>		
Medications: <u>Prokin, Bupropion</u>		Informed Consent
Compliance: Inmate report <u>2</u> % vs MAR <u>?</u> %		<u>g</u>

In addition to the information in the tables above and below, then inmate-patient:

<u>S</u>	<u>Pt. is a chronic Selyden - poor STATISTICAL on</u>
Side effects:	<u>1700 steps</u>
<u>0</u>	<u>Pt. has no oral Tdrt desire or paranoia BUT</u> <u>WANTS INSIGHT</u>

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis			The potential benefits and side effects of <u>Prokin</u> within the dosage range of _____
Serious Depression			_____ have been discussed with the inmate and the inmate has agreed to accept the medication.
Self-Injurious Thoughts			
Suicidal intent			
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info:	Labs Ordered: _____	Labs Reviewed: _____	AIMS: ? _____
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<b><u>ASSESSMENT/Diagnosis (DSM-IV)</u></b>	
<u>Schizophrenia</u>	
<b><u>PLAN:</u></b> <u>AT DO.</u>	

Return to clinic: \_\_\_\_\_ Print Last Name: Sanders Sign: [Signature]

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>Nelson, Patricia</u>	<u>173247</u>	<u>37</u>	<u>B</u>	<u>SINR</u>	<u>KECP</u>

Disposition: Medical File

MHM Correctional Services  
Dr. Bill Sanders

ADOC AR 632, 633, 623, 615  
ADOC Form MH-025 March 2, 2005

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES

## PSYCHOTROPIC MEDICATION REPORT

INMATE NAME: Palmer Nelson TPAIS #: 173247 LOCATION: Block

## PSYCHOTROPIC MEDICATION(S) PRESCRIBED:

Medication	Dosage	Frequency	Stop Date
<u>Benadryl</u>	<u>50mg</u>	<u>1/4</u>	

## PROBLEM REPORTED:

Side effects: \_\_\_\_\_ Medication-Related Problem: \_\_\_\_\_ Non-Compliance: ✓

Explanation:

Inmate states "I did not know I get medication in the morning."Reported by: \_\_\_\_\_ Date: 8-26-05

## MENTAL HEALTH NURSE FOLLOW-UP:

Inmate made aware that he gets medication at 11<sup>AM</sup> & 5<sup>PM</sup> states that he will be coming up to the pill cart for medication.Follow-Up by: G. Thomas RN Date: 8-26-05

## PSYCHIATRIC REVIEW/PLAN:

Follow-Up by:

Date:

Inmate Name

AIS #

<u>Palmer Nelson</u>	<u>173247</u>
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DOC Form #458-01

## Monthly Activities

Date: February 28, 2006

Inmate Name: Palmer, Nelson AIS # 173247

Was offered the following recreational and therapeutic activities during the month of: **February**

<b>Current Events</b>	<b>Self Discovery</b>	<b>Beginning Reading</b>
<b>Creative Writing</b>	<b>Reading Skills I</b>	<b>Coping Skills</b>
<b>Music Therapy</b>	<b>Reading Skills II</b>	<b>Depression</b>
<b>Schizophrenia</b>	<b>ADL</b>	<b>Social Activities</b>
<b>Med Education</b>	<b>Therapeutic Art</b>	<b>Primary Social Skills</b>
<b>Western</b>	<b>Communication Skills</b>	<b>Anger Management</b>
<b>Gospel</b>	<b>Movies</b>	<b>Life Management</b>
<b>Parenting</b>	<b>Sleep</b>	<b>Bipolar</b>
<b>Goal Settings</b>	<b>Anger Management/Stress</b>	<b>Mental Illness/Drug Treatment</b>
<b>Games</b>	<b>Bingo</b>	<b>Self Concept</b>
<b>Sleep Hygiene</b>	<b>Puzzles</b>	<b>Daily Hygiene</b>
<b>Open Recreation</b>		

His level of participation was generally (active) (marginal) (reluctant) (resistant) (refused) to participate in previously mentioned group(s). This is (consistent) (inconsistent) with his use of recreational services to date. Affect was generally (angry) (hostile) (animated) (blunt) (euthymic) (flat) (inappropriate) (neutral) (sad). Mood appeared (angry) (sad) (neutral) (euthymic) (depressed) (surly) (belligerent) (indifferent). Hygiene was (good) (WNL) (poor). Inmate was generally (on time) (late). General appearance was (neat) (WNL) (disheveled) (shabby). Speech was generally (clear) (mumbling) (slurred) (unintelligible). Interpersonal interactions were generally (relevant) (irrelevant) (insightful) (superficial) (confrontational) (indifferent) (no interaction).

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Therapeutic services will continue to be offered on a regular basis. His level of participation (will be/has been) communicated to his treatment team.

Signature J. Brown

Signature R. P. [illegible]

Signature M. Hutchett

Signature J. Arnold

Signature \_\_\_\_\_

## 1. INTERDISCIPLINARY PROGRESS NOTES

Date	Time	Notes	Signature
4-20-06	0730	S-I'm doing OK. Inmate denies any problems O-Inmate alert calm slow delayed verbal responses. noted involuntary muscle movement of hands. Looks unkempt. A: Appears stable Wt. 211 lbs P: Prolixin Dec 25mg IM Right deltoid S/E noted @ site bandaid applied. Rxt injective 511-16 03/20/06	
04/20/06	S:	Bi-weekly Contact - "It's fine..."	
	O:	37 yr old b/m, alert, calm, Co-operative, rational, coherent, OX4 - Pt. noted to have no evidence of psychosis, no depressed mood, no suicidal, Speech - normal, behavior - appropriate - Overall Pt. noted to be responding positively to current tx, however continues to be resistant to Group therapy!	
	A:	Clinically Stable	
	P:	① Review in 2wks ② Continue to encourage on need for Group therapy	
4/21/06	1730	S: "D'n O'Kay" O: Alert & oriented, no S/E noted disorder. No S/E EPE, behavior is appropriate, no hallucinations or delusions, report. No good line contact, affect blunted. A: Stable P: Continue to observe	Candace M. M. M.S., M.H.P. B. Shuman

Inmates' Name (Last, First, Middle)	AIS Number	Age	R/S	Facility
Palmer Nelson	173247	37	B/m	Bullock



DATE	TIME	NOTES	SIGNATURE
3/09/06	0730	S - No complaints D - Inmate pleasant. & 4/5 of E.P.S. A - Stable / w/ none P - Prolixin Dec. 25mg given IM, Next inj in 3wks - 3/30/06	B. Kneel
03/24/06		S: Bi-weekly contact - "Doing fine..." O: 37 yr old b/m, alert, calm, Co-operative, rational, coherent, OX4 - Pt. has evidence of psychosis, & depressed mood - full affect, speech - normal, behavior - <del>within</del> appropriate, & suicidal Overall Pt. responding well to current tx - however continues to be resistant to Group therapy. A: Clinically Stable. P: ① Review in 2wks ② Encourage on Groups	
3/30/08	1800	S - No complaints D - No 5/5 of E.P.S. noted A - Stable 24 - 211 lbs. P - Prolixin Dec. 25mg IM given in Rt. Deltoid. Next inj 4/30/06	Candlyn M. M. M.S., M.H.
4/5/06	1900	S - "I am alright." D - Inmate is alert & responsive. No noted distress. Calm & cooperative. no noted signs of E.P.S. or hallucination. A - Stable. P - Continue to Monitor & Chart per protocol.	A. Thomas E. Smith

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Palmer, Nelson	173247	37	B/M	Bullock

INTJ DISCIPLINARY PROGRESS NOT

DATE	TIME	NOTES	SIGNATURE
1-26-05	0800	S: Im Okay O: Calm alert oriented speech low but coherent Wt 209 M 5/5 EPS A: AMS P: Prolixin Dec 25g given next inj due on 2-16-06 - O: Prolixin 1m	
1/27/06		S: Bi-weekly Contact - "H's fine..." O: 37 yr old b/m, alert, Calm, Co-operative, rational coherent, O x 4 - Pt. has & depressed mood - full affect, & evidence of psychosis, & suicidal - Overall Pt. responding well to current tx - However very resistant to Group therapy! A: Clinically Stable P: ① Encourage on need for Group therapy ② Review in 2wks	
2-16-06	0800	S: Im fine O: IM grinning denies problems no S/S EPS alert oriented x 3 Wt 211 Prolixin Dec 25g 1m given A: Stable P: Next inj due 3-9-06	Candyn Mbum M.S., MHP
2/17/06		S: Bi-weekly Contact - "H's fine..." O: 37 yr old b/m, alert, Calm, Co-operative, rational coherent, O x 4 - Pt. has & evidence of Psycho & depressed mood - full affect, & suicidal - Continues to be very resistant to Group therapy A: Clinically Stable P: Review in 2wks	Candyn Mbum M.S., MHP

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Palmer Nelson	173247	37	B/M	Bullock



DATE	TIME	NOTES	SIGNATURE
12-01-05	1900	S- "I am alright" O- Inmate is alert & responsive. no noted distress. Denies pain or discomfort. no sign of EPS or hallucination. A- Stable P- Continue to Monitor.	J. Smith, Jr.
12-15-05	0930	S- "I'm OK" O- alert & oriented x 3. No signs or symptoms of EPS noted @ this time. A- Stable - weight 205 lbs. P- Prolipin Dec 25mg given IM, next injection 12/15/05 S. Anderson	
12/23/05	2135	S: "I'm alright", inmate stated. O: 37 yr old b/m - rational, coherent speech, appropriate behavior & no hallucinations or paranoid noted or voiced. A: Appears stable and compliant & medication regime P.W. ill cont. & current plan	Blowers
1/05/06	0730	S- & complaints O- Inmate relaxed & 5% of EPS A Stable / wt 208 lbs P- Prolipin Dec. 25mg given IM, Next in 3 wks - 1/26/06	Bennett
1/5/06		S: Bi-weekly Contact - "H's fine..." O: 37 yr old b/m, alert, calm, co-operative, rational, coherent, OX4 - Pt. has depressed mood full affect, evidence of psychosis, & suicidal Pt. responding well to current tx A: Clinically Stable P: Review in 2 wks	Anthony Mann M.D., M.H.

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Nelson, Palmer	173 247	37	B/m	Beck

DATE	TIME	NOTES	SIGNATURE
11-03-05	0740	S - Ø Complaints O - J3 calm + cooperative. No distress noted. Denied any EPS @ present. A - Stable @ wt @ 144# 10/5/11. P - Prolin Dec 25mg im given. Next shot P3 w/ 11/24/05	LM
11/7/05		No show for appt!	Candyn Mann M.S., MHP
11-23-05	0800	S - "I'm doing alright." O - No S/S of E.P.S. A - Stable Wt. 204 lbs P - Prolin Dec. 25mg IM given Rt. Deltaid. Next inj 12-15-05	A. Thomas RN
11/23/05		S: Bi-weekly Contact - "Doing fine ..." O: 37 yr old b/m, alert, Calm, Co-operative, rational, coherent, OX4 - Pt. noted to have Ø thoughts of paranoia, Ø auditory hallucinations, Ø depressed mood - full affect - Pt. resistant on Groups! A: Clinically Stable + well P: ① Continue to encourage on Groups ② Review in 2 wks	Candyn Mann M.S., MHP
11/29/05		Tx Plan reviewed + signed by PET	Candyn Mann M.S., MHP

Patient's Name, (Last, First, Middle)	AMS#	Age	R/S	Facility
Nelson, Palmer	173247	37	B/m	BCCF

## INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
10/13/05	0730	S-Im doing OK no c/o voiced O-Inmate alert + calm 3.5/6 EPS or distress noted @ this time. A-Stable wt. 199 lbs P-Prolixin Dec 25mg IM Rt deltoid 3 R/E noted @ site bandaid applied next injection 11-03-05	J. Shry L
10/14/05		No show for appt!	Candlyn Mburm M.S., MHA
10/18/05		No show for appt!	Candlyn Mburm M.S., MHA
10/20/05		S: Bi-weekly Contact - " My back been bothering O: 37 yr old b/m, alert, Calm, Co-operative, rational, Coherent, OX4 A: Pt. noted to have 1 <sup>st</sup> depressed mood, & thoughts of paranoia, & auditory halluci Overall Pt. noted to be responding well on Current tx P: ① Review in 2 wks. ② Refer to Dr. Sadig (P.H.S)	Candlyn Mburm M.S., MHA
10/20/05		Tx plan reviewed + Signed by Pt!	Candlyn Mburm M.S., MHA

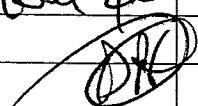
Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Palmer, Nelson	173247	37	B/M	Bal 465

## I DISCIPLINARY PROGRESS N S

DATE	TIME	NOTES	SIGNATURE										
9/1/05	1535	S - No Complaint O - No noted signs or symptoms of EPS. A - Stable - weight 195. P - Prolixin Dec. 25mg given IM in @ Deltoid. Next inj is due 9/15/05.	J. Smith										
9/8/05	1719	S: "alm dray", Dennot stable O: 37 yr old b/m, rational, coherent verbal, AOX 3, calm, demonstrate appropriate behavior noted & S/S of depression, hallucinations or paranoia noted A: Apparent. Stable & present on med compliance Medication regime - P. Will cont. Current tx plan	Rebecca										
09/09/05		S: Bi-weekly Contact - "Doing OK..." O: 37 yr old b/m, alert, calm, co-operative, rational, coherent, OX 4 A: Pt. noted to have & thoughts of paranoia, & auditory hallucinations, & depressed mood Overall Pt. noted to be clinically stable + well P: Review in 2 wks	Carolyn M. M. M.S., M.										
09/13/05		Tx plan reviewed + Signed by PT!	Carolyn M. M. M.S., M.										
9/22/05	0930	S - "I'm okay." O - Alert & oriented x 3. O signs or symptoms of EPS noted A - Stable - weight 194 lbs P - Prolixin 10-11-05 Dec 25mg given IM. Next injection 10-18-05. S. Under											
<table><tr><th>Patient's Name, (Last, First, Middle)</th><th>AIS#</th><th>Age</th><th>R/S</th><th>Facility</th></tr><tr><td>Dalmer, Nelson</td><td>173247</td><td>37</td><td>B/m</td><td>BacF</td></tr></table>				Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility	Dalmer, Nelson	173247	37	B/m	BacF
Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility									
Dalmer, Nelson	173247	37	B/m	BacF									



IN DISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
7/14/05	11:30am	Received at Bullock with Volume 2 of J. Mental Health Code SMI Meds Code Prolixin tap and Dipherhydramine	MS. Dubord MHA
7/18/05		Received Bullock MH - Rtn - bul 4 - Assigned to as. MGRU.	
7/21/05	0730	S - no Complaints O - Inmate alert pleasant calm & relaxed & S/S EPs noted A - Stable @ this time Wt. 199 lbs P - Prolixin Dec 25mg IM Rt. deltoid R/E noted @ site bandaid applied next infection 8/11/05	Stacy J
08/4/05		No show for appointment	Carlynn Mann M.S., NHP
08/08/05		S: Bi-weekly Contact - "H's fine ..." O: 37 yr old b/m, alert, calm, Co-operative, rational, coherent, OX4 A: Pt. noted to have depressed mood, & auditory hallucinations & suicidal thoughts of paranoia, & sleep problems P: Pt. noted to be responding well to current tx Review in 2 wks	Carlynn Mann M.S., NHP
8-11-05	0730	S - & Complaints O - Inmate alert relaxed & S/S EPs noted A - Stable Wt 196 lbs P - Prolixin Dec 25mg IM Rt. deltoid & R/E noted @ site. Bandaid applied, next inj. 9-1-05	Carlynn Mann M.S., NHP

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Palmer Nelson	1173247	41-12-68	Bm	BCCF

RECEPTION CHECK LIST

NAME Palmer, Nelson Date 7-13-05  
AIS 173247

1. Yellow Problem List	<u>YES</u>	NO
2. Psychiatric Evaluation	<u>YES</u>	NO
3. Blue Notes	<u>YES</u>	NO
4. Screening Sheet	<u>YES</u>	NO

5. Aims (If Needed)	YES	<u>NO</u>
6. MHM Physician's Order Sheet (Psychotropic Medication)	YES	<u>NO</u>

7. Date of Screening Sheet 6/21/05  
8. Date of Mental Health Referral 6/21/05

9. Mental Health Code SMI HARM HIST NONE

10. Mental Health Audit Nurse Signature Shyl Vaughn, RN

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES

## PSYCHOTROPIC MEDICATION REPORT

INMATE NAME: Palmer NelsonAIS #: 173247 LOCATION: G114

## PSYCHOTROPIC MEDICATION(S) PRESCRIBED:

Medication	Dosage	Frequency	Stop Date
Prolestin	10mg	qhs	
Bonadryl	5mg	qhs	

## PROBLEM REPORTED:

Side effects: \_\_\_\_\_ Medication-Related Problem: \_\_\_\_\_ Non-Compliance: \_\_\_\_\_

## Explanation:

IM missed 6 doses of both meds  
 "I went to call line and they said I was out of Prolestin."

Reported by: K Calzone Date: 6/30/08

## MENTAL HEALTH NURSE FOLLOW-UP:

IM Co-counselor advised Compliance. The problem  
 and side effects that can occur. IM agreed to  
 take meds

Follow-Up by: K Calzone Date: 7/5/08

## PSYCHIATRIC REVIEW/PLAN:

OK.

Follow-Up by: (Signature)Date: 7/5/08

Inmate Name

Palmer Nelson

AIS #

173247

DOC Form #457-4



KWAUSA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
REFERRAL TO MENTAL HEALTHInmate Name: Palmer, Nelson AIS# 173247 Date of Referral: 6-22-05

## REASON FOR REFERRAL:

☐ CRISIS INTERVENTION☐ Family problem: \_\_\_\_\_☐ Problems with other inmates: \_\_\_\_\_☐ Recent stress: \_\_\_\_\_☐ Other: \_\_\_\_\_☐ EVALUATION OF MENTAL STATUS☐ Suicidal☐ Homicidal☐ Mutilative☐ Hostile, angry☐ Other inappropriate behavior: \_\_\_\_\_☐ Anxious☐ Depressed☐ Withdrawn☐ Poor hygiene☐ Physical complaints☐ Sleep disturbance☐ Hallucinations/delusions☐ Suspicious☐ EVALUATION OF NEED FOR PSYCHIATRIC EVALUATION☒ HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO RECEPTION/TRANSFER☐ OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Referred by: M. D. J.Phone Contact #: 691☐ Referral for psychiatrist (referral has been screened by mental health or medical staff)

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

*Seen  
By  
Dr. McGinn*

Follow-Up by: \_\_\_\_\_

Inmate Name

Date: \_\_\_\_\_

AIS #

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION FORM

Page 1 of 2

DOB: [REDACTED]

Referred by:

☐ Admission to Institution ☐ Mental Health Staff ☐ Medical Staff ☐ Other \_\_\_\_\_

Reason for Referral (Presenting Problem):

Long hx Schiz phrenia results in Seryul 400y  
Took Prolixin in the past

Psychiatric History (inpatient/outpatient/dates of treatment/medications prescribed):

37 y/o. SAAO seen by me @ Reception 2 yrs ago & spent ~ 2 yrs  
@ Bullock for cocaine-related SAP as well as Schizophrenia  
Took prolixin as a main antipsychotic @ Bullock. Mrs. [Name]  
"Both pills & shots for chronic Audibly hallucinations, mild-moderate  
mania. Has chronically flat affect and a chronic facial eczema  
that gives him a peculiar  
appearance; however, he socially  
functions well in population  
Outpt. @ Montgomery MH Clinic  
Prattville Satellite

Pertinent Medical History (allergies):

Gets disitully for  
Schizophrenia

Substance Abuse History:

1st Cocaine Astute 2000  
SAP @ Bullock

Pertinent Personal/Family History (inmate's sentence):

(No Job) (on disability) Mrs. [Name] is Mother in Antigua Co. Has 2 children  
Uncle also supportive

Institutional Adjustment (current placement):

Vol for prison passage c.s.  
3rd Inmate  
Not too bad

Antenna = 10yr

Inmate Name

Palmer, Nelson

AIS #

173247

ALDOC Form 455-01

## P RDISCIPLINARY PROGRESS N IS

DATE	TIME	NOTES	SIGNATURE
6/2/05	16 <sup>00</sup>	Psychiatry	
		SMI for chronic schizophrenia	
		The potential benefits and side effects of <u>Haloperidol</u> within the dosage range of <u>5-40</u> <u>mg</u> have been discussed with the inmate and the inmate has agreed to accept the medication.	
		The potential benefits and side effects of <u>Prolixin</u> within the dosage range of <u>12.5-100</u> <u>mg</u> have been discussed with the inmate and the inmate has agreed to accept the medication.	
			Inmate reported everything is better
		The potential benefits and side effects of <u>Benadryl</u> within the dosage range of <u>25-150</u> <u>mg</u> have been discussed with the inmate and the inmate has agreed to accept the medication.	
		Prolixin Dec 25, PM & 3 AM Prolixin tabs 10, 5, 10 Benadryl 50, 25, 10 See P card	
			MHM Correctional Services Dr. Joseph McGinn
9-1-05		Dec 5 bot not given inmate out to court per officer Landon J. Stiefel	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Palmer, Nelson	173247			Kilby

Done  
KCC

## Monthly Activities

Date: 7-19-04

IM Name: Nelson Palmer AIS#: 173247

Was offered the following recreational activities during the month of:

Open Recreation, Mental Stimulation, Bingo, Western, Games, ADL,

Reality Orientation, Music Therapy, Movies, S.A.S. Group, Grief,

Depression, Reading, Current Events, Social Skills, Gospel/80's

Primary Social Skills, Effective Communication, Anger Management,

Creative Writing, Understanding Your Treatment Plan.

His level of participation was generally active/marginal/reluctant/resistant/refused to participate in the previously mentioned group(s). This is consistent/inconsistent with his use of recreational services to date. Affect was generally angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad. Mood appeared angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent. Hygiene was good/WNL/poor. IM was generally on time/late. General appearance was Neat/WNL/Disheveled/Shabby. Speech was generally clear/mumbling/slurred/unintelligible. Interpersonal interactions were generally relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

Ms. Arnold  
Signature



## SPECIAL NEEDS COMMUNICATION FORM

Date: 1/20/06

To: DOC

From: Infirmary

Inmate Name: Nelson Palmer ID#: 173247

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

Comments:

Hydrocortisone Cream KOPX  
20 days

Date: 1/20/06 MD Signature: Dr. Diddig / Palmer HSA Time: 1:00

**ALABAMA DEPARTMENT OF CORRECTIONS**  
**MENTAL HEALTH SERVICES**  
**ABNORMAL INVOLUNTARY MOVEMENT SCALE (MODIFIED)**

**INVOLUNTARY MOVEMENT RATING**

Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously.

**CODE**

0-Normal, no involuntary movement  
 1-Minimal, fleetingly present  
 2-Mild, occurs more than four times  
 3-Moderate, persistent  
 4-Severe, very pronounced and continuous

<b>FACIAL AND ORAL MOVEMENTS</b>	<b>MUSCLES OF FACIAL EXPRESSION:</b> Movement of forehead, eyebrows, periorbital area, cheeks: includes frowning, blinking,	0 1 2 3 4
	<b>LIPS AND PERIORAL AREA:</b> Puckering, pouting, smacking	0 1 2 3 4
	<b>JAW:</b> Biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4
	<b>TONGUE:</b> Rate only increase in movement both in and out of mouth, NOT inability to sustain movement	0 1 2 3 4
<b>EXTREMITY MOVEMENTS</b>	<b>Upper(arms, wrists, hands, fingers):</b> include choreic movements(rapid, objectively purposeless, irregular, spontaneous, DO NOT INCLUDE tremors(repetitive, regular, rhythmic)	0 1 2 3 4
	<b>LOWER(legs, knees, ankles, toes):</b> lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0 1 2 3 4
<b>TRUNK MOVEMENTS</b>	<b>NECK, SHOULDER, HIPS:</b> Rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4
<b>GLOBAL JUDGEMENTS</b>	<b>SEVERITY OF ABNORMAL MOVEMENTS</b>	0 1 2 3 4
	<b>INCAPACITATION DUE TO ABNORMAL MOVEMENTS</b>	0 1 2 3 4
	<b>PATIENTS AWARENESS OF ABNORMAL MOVEMENTS:</b> Rate only patient's report	0 1 2 3 4
	0-No awareness      1-Aware, no distress      2-Aware, mild distress 3-Aware, moderate distress      4-Aware, severe distress	0 1 2 3 4
<b>DENTAL STATUS</b>	<b>CURRENT PROBLEMS WITH TEETH AND/OR DENTURES?</b>	0 1 2 3 4
	<b>DOES PATIENT USUALLY WEAR DENTURES?</b>	0 1 2 3 4

Assessed by: \_\_\_\_\_  
 Reviewed by: \_\_\_\_\_

Date: 1/3/06  
 Date: \_\_\_\_\_

Inmate Name	Palmer, Nelson	AIS #	173247
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Robert G. Whatley, CRNP



# Hepatitis B Vaccine Consent Form

**FACILITY NAME** Bullard Co Correctional

Palmer Nelson

**Inmate Name**

173247

**AIS Number**

X Nelson Palmer

**Inmate Signature**

11/22/2005

**Date**

**Dose Given** 0.5 cc Hep B vac

**Site Given** @ Deltoid

**Administered by** Yolanda Mosley LPN

**Lot Number and Expiration Date** AHBVB004 BA  
01/20/06

11/16/2005



## SPECIAL NEEDS COMMUNICATION FORM

Date: 11/16/05

To: Doc

From: medical (S. Roberts RN)

Inmate Name: Nelson Palmer ID#: 173247

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

Comments:

1) Hydrocortisone Cream x 20 days (Kop)  
For Rash 11/16/05 - 12/5/05

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 11/16/05 MD Signature: Dr. Siddiq / D. Robinson RN / NSA Time: 2015



## SPECIAL NEEDS COMMUNICATION FORM

Date: 11/14/05

To: DOC

From: HCU - V Smith MD

Inmate Name: Palmer, Nelson ID#: 173247

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

Comments:

Hydrocortisone cream x 20 days. 11/14/05 → 12/04/05

Date: 11/14/05 MD Signature: T. Siddig / Physician #8A Time: 0900

## ALABAMA DEPARTMENT OF CORRECTIONS

## RECEIVING SCREENING FORM

Inmate's Name: Palmer, Nelson B/173247 Date: 7/14/05 Time: 8:30 A  
 DOB: [REDACTED] Officer D. Casey 001 Institution: BOOK

## Booking Officer's Visual Opinion

- |   | YES      | NO       |
|---|----------|----------|
| 1. Is the inmate conscious?   | <u>✓</u> | <u>—</u> |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?                       | <u>—</u> | <u>✓</u> |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?                         | <u>—</u> | <u>✓</u> |
| 4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution?       | <u>—</u> | <u>✓</u> |
| 5. Is the skin in poor condition or show signs of vermin or rashes?   | <u>—</u> | <u>✓</u> |
| 6. Does the inmate appear to be under the influence of alcohol or drugs?  | <u>—</u> | <u>✓</u> |
| 7. Are there any visible signs of alcohol or drug withdrawal? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)           | <u>—</u> | <u>✓</u> |
| 8. Is the inmate making any verbal threats to staff or other inmates?   | <u>—</u> | <u>✓</u> |
| 9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available? | <u>—</u> | <u>✓</u> |
| 10. Does the inmate have any obvious physical handicaps?  | <u>—</u> | <u>✓</u> |

If the answer is YES to any questions from 2-10 above, specify WHY in section below.

- |   |          |          |
|---|----------|----------|
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? | <u>✓</u> | <u>—</u> |
| 12. Are you on any special diet prescribed by a physician? (If YES, what type?)   | <u>—</u> | <u>✓</u> |
| 13. Do you have a history of venereal disease or abnormal discharge?  | <u>—</u> | <u>✓</u> |
| 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor any illness?   | <u>✓</u> | <u>—</u> |
| 15. Have you ever attempted suicide?  | <u>✓</u> | <u>—</u> |
| (If YES, When? <u>2002</u> How? <u>Over Dose</u> )  |          |          |
| 16. Do you want to do any harm to yourself now?   | <u>—</u> | <u>✓</u> |

	YES	NO	NO RESPONSE
17. Do you want to talk to a mental health counselor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you allergic to any medication?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Have you recently fainted or had a head injury?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you have epilepsy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Do you have a history of tuberculosis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Do you have diabetes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Do you have hepatitis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Do you have a painful dental problem?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Do you have any medical problems we should know about?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you have a past alcohol or drug history?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What type? Drugs How much used? Every Day

For how long? 8 years Last time used? 2002

Comments: (Unusual behavior, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For the Officer:

27. Was the new inmate briefed on sick/dental call procedures? Yes
28. This inmate was:
- a. Released for normal processing Yes
  - b. Referred to appropriate health care unit No
  - c. Immediately sent to health care unit No

D. C. C. 001  
Officer's Signature

NOTE: This form is completed on inter and intra system transfers at receiving and will be filed in the inmates' medical jacket to comply with ACA Standards 2-4289, 2-4290 and AMA Standard 140.

Robert Palmer  
Inmate's Signature



## SPECIAL NEEDS COMMUNICATION FORM

Date: 6/22/05

To: ADOC

From: Physicians

Inmate Name: Palmer, Nelson ID#: 173247

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

### Comments:

① Selsun Shampoo use once daily as directed x 90d (stop 9/22/05). ② Hydrocortisone 0.5% use twice daily when needed x 30d (stop 7/22/05)

Date: 6/22/05 MD Signature: Adama CNP/LB Time: 1540



**ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
ABNORMAL INVOLUNTARY MOVEMENT SCALE (MODIFIED)**

**INVOLUNTARY MOVEMENT RATING**  
Rate highest severity observed. Rate movements  
That occur upon activation one less than those  
observed spontaneously

**CODE**  
0 – Normal, no involuntary movement  
1 – Minimal, fleetingly present  
2 – Mild, occurs more than four times  
3 – Moderate, persistent  
4 – Severe, very pronounced and continuous

<b>FACIAL AND ORAL MOVEMENTS</b>	<b>MUSCLES OF FACIAL EXPRESSION:</b> movements of forehead, eyebrows, periorbital area, cheeks; includes frowning, blinking, smiling, grimacing	0 1 2 3 4
	<b>LIPS AND PERIORAL AREA:</b> puckering, pouting, smacking	0 1 2 3 4
	<b>JAW:</b> biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4
	<b>TONGUE:</b> rate only increase in movement both in and out of mouth NOT inability to sustain movement	0 1 2 3 4
<b>EXTREMITY MOVEMENTS</b>	<b>UPPER</b> (arms, wrists, hands, fingers): include choreic movements (rapid, objectively purposeless, irregular, spontaneous), athetoid movements (slow, irregular, complex, serpentine). DO NOT INCLUDE tremors (repetitive, regular, rhythmic)	0 1 2 3 4
	<b>LOWER</b> (legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0 1 2 3 4
<b>TRUNK MOVEMENTS</b>	<b>NECK, SHOULDER, HIPS:</b> rocking, twisting, squirming, pelvic gyrations.	0 1 2 3 4
<b>GLOBAL JUDGEMENTS</b>	<b>SEVERITY OF ABNORMAL MOVEMENTS</b>	0 1 2 3 4
	<b>INCAPACITATION DUE TO ABNORMAL MOVEMENTS</b>	0 1 2 3 4
	<b>PATIENTS AWARENESS OF ABNORMAL MOVEMENTS:</b> rate only patient's report  0 – No awareness      3 – Aware, moderate distress 1 – Aware, no distress      4 – Aware, severe distress 2 – Aware, mild distress	0 1 2 3 4
<b>DENTAL STATUS</b>	<b>CURRENT PROBLEMS WITH TEETH AND/OR DENTURES</b>	NO YES
	<b>DOES PATIENT USUALLY WEAR DENTURES?</b>	NO YES

**MHM Correctional Services**

Assessed by: Dr. Joseph McGinn  
Reviewed by: \_\_\_\_\_

Date: 6/21/05  
Date: \_\_\_\_\_

Inmate Name Palmer, Nelson

AIS # 173247

## RECEIVING SCREENING FORM

INMATE'S NAME: Palmer, Nelson DATE: 6/2/65 TIME: 10:20 AMDOB: [REDACTED] OFFICER: Darrell Hearn INSTITUTION: KILBYRECEIVING OFFICER'S VISUAL OPINION

YES NO

Is the inmate conscious?

X —Does the inmate have any obvious pain or bleeding or other symptoms suggesting the need for doctor's care? —

Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care? —

Any obvious fever, jaundice, or other evidence of infection which might spread through the institution? —

Is the skin in poor condition or show signs of vermin or rashes? —

Does the inmate appear to be under the influence of alcohol, or drugs? —

Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils, etc.) —

Is the inmate making any verbal threats to staff or other inmates? —

Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available? —

Does the inmate have any obvious physical handicaps? —

## FOR THE OFFICER

Was the new inmate oriented on sick/dental call procedures? —

- This inmate was X a. Released for normal processing —
- \_\_\_\_\_ b. Referred to health care unit
- \_\_\_\_\_ c. Immediately sent to the health care unit

Darrell Hearn  
Officer's Signature

This form will be completed at receiving and will be filed in the inmate's medical jacket to comply with NCCH Standards.



## PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Palmer, Nelson	DIAGNOSIS (If Chg'd) Prozac 2mg Tmc Swks Cohort 2mg HS po Pronex 100mg HS po Bumex 50 B.D po
D.O.B. / / 17324	
ALLERGIES:	
Use Third Date 4/5/06	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Palmer, Nelson	DIAGNOSIS (If Chg'd) Adel sw for 1x100
D.O.B. / / 1/23/08	
ALLERGIES:	
Use Second Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Palmer, Nelson	DIAGNOSIS Hydrocortisone Cream KOP 1x 20 days for Rash PO face PO for side of face
D.O.B. / / 173247	
ALLERGIES:	
Use First Date 1/20/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MHM Correctional Services, Inc.



## PHYSICIANS' ORDERS

NAME: Palmer, Nelson 173247	DIAGNOSIS (If Chg'd) Cogentin 2mg HS Pro Dec 25mg IM, 3wks Prolixin 10mg HS Benadryl 50mg BID
D.O.B.: [REDACTED]	
ALLERGIES: MRS	
Use Last Date: 1/3/06	Robert G. Whatley, CRNP
NAME: Palmer Nelson 173247	DIAGNOSIS (If Chg'd) Cogentin 2mg HS
D.O.B.: / /	
ALLERGIES: MRS	
Date: 12/5/05	
NAME: Palmer Nelson 173247	DIAGNOSIS (If Chg'd) Adul sup for x100 Trazodone 200
D.O.B.: / /	
ALLERGIES: MRS	
Date: 11/14/05	
NAME: Palmer Nelson 173247	DIAGNOSIS (If Chg'd) Adul sup for x100
D.O.B.: / /	
ALLERGIES: MRS	
Date: 10/15/05	
NAME: Palmer Nelson 173247	DIAGNOSIS Prolixin Dec 25mg IM, 3wks Prolixin 10mg HS Benadryl 50mg BID
D.O.B.: [REDACTED]	
ALLERGIES: MRS	
Date: 10/15/05	

WHITE - MEDICAL RECORDS COPY CANARY - PHARMACY COPY



## PHYSICIANS' ORDERS

NAME: Palmer Nelson 173247 D.O.B. [REDACTED] ALLERGIES: NKDA Use Last Date 9/27/05	DIAGNOSIS (If Chg'd) Neck Lump  <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Palmer, Nelson 173247 D.O.B. [REDACTED] ALLERGIES: NKDA Use Fourth Date 9/9/05	DIAGNOSIS (If Chg'd) Cyst 2 HS x 90 d Robert G. Whatley, CRNP <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Palmer Nelson 173247 D.O.B. 1/1/71 ALLERGIES: NKDA Use Third Date 1/1/	DIAGNOSIS (If Chg'd) (Continue) Selsun Shampoo Kop daily x 90 days Hydrocortisone 0.5% Kop BID x 30 days <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Palmer, Nelson 173247 D.O.B. [REDACTED] ALLERGIES: NKDA Use Second Date 6/22/05	DIAGNOSIS (If Chg'd) ① Selsun Shampoo TOP QD x 90d (KOP) ② Hydrocortisone 0.5% TOP BID x 30d PRN (KOP) ③ Flw OPC E Dr. Robbins in 1 wk to evaluate Lipoma. <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Palmer, Nelson 173247 D.O.B. [REDACTED] ALLERGIES: NKDA Use First Date 6/22/05	DIAGNOSIS EKG test Cnip / CHO / PSA MIT referral <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY



**MHM Correctional Services, Inc.****PHYSICIANS' ORDERS**

NAME:	DIAGNOSIS (If Chg'd)
D.O.B.: / /	
ALLERGIES:	
Use Last Date: / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B.: / /	
ALLERGIES:	
Use Fourth Date: / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B.: / /	
ALLERGIES:	
Use Third Date: / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Palmer, Nelson	DIAGNOSIS (If Chg'd)
D.O.B.: [REDACTED]	Prolixin 10mg qd
ALLERGIES:	Pro Dec 25mg q 3w
	benzyl Sy but
Use Second Date: 7/14/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Palmer, Nelson	DIAGNOSIS Schizophrenia, undifferentiated
# 173247	① Prolixin 10mg qhs x 90d
D.O.B.: [REDACTED]	② Prolixin Dec 25mg IM 8 3wks x 90d
ALLERGIES: NKDA	③ Benzydol 50mg qhs x 90d
Use First Date: 6/12/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MHM Correctional Services  
Dr. Bill Sanders

WHITE - MEDICAL RECORDS COPY CANARY - PHARMACY COPY





Palmer Nelson  
173247  
NCDA

# PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.: / /
11/14/06 for	1. (1) has 'something' for PC 2. large upturn to back of neck 3. will not be able to see	
11/23/06 for	1. large swelling to the neck 2. large upturn to neck 3. will fly out of	
3/28/06	1. It has large upturn to the back of the neck. 2. about 6x6 inch opening occupying most of the neck at the opening is subcutaneous tissue 3. It is painful 4. will not watch it grow, if it start growing exponentially, we will try to biopsy it -	



PRISON  
HEALTH  
SERVICES  
INCORPORATED

### PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
6/28/05 0814	Palmer, Nelson.	/ /
	<p>47 yo BM E long-standing lipomatous mass @ base of posterior neck ~ 15x15 cm.</p> <p>Non-tender. Causes no sx. Neuro exam (-).</p> <p>EOS &lt; 1 yr.</p> <p>1) Lipoma - asymptomatic.</p> <p>conservative Rx.</p>	
9/17/05	<p>1) Huge lipoma <sup>fall</sup> back</p> <p>2) large sized lipoma to neck</p> <p>A lipoma</p> <p>will need excision</p>	
10/7/05	<p>1) Pain from lipoma</p> <p>2) large lipoma to back neck</p> <p>will need excision. He awaits for surgical visit next week</p>	